



State of California—The Resources Agency  
**DEPARTMENT OF FISH AND GAME**  
**LICENSE AGENT AGREEMENT**  
 LICENSE AND REVENUE BRANCH  
 3211 S STREET  
 SACRAMENTO, CA 95816  
 (916) 227-2237

FOR DEPARTMENT USE ONLY	CREDIT ALLOWANCE \$ _____
	<input type="checkbox"/> BOND <input type="checkbox"/> DEPOSIT <input type="checkbox"/> OTHER _____
	DATE APPROVED _____
	BY _____
	TITLE _____
	ACCOUNT NUMBER _____

**TYPE OF AGENT. (CHECK ONE)**    ☐ **CONSIGNMENT**    ☐ **COLLECT ON DELIVERY (COD)**

**THIS IS A LEGAL DOCUMENT. DO NOT USE CORRECTION FLUID OR TAPE.**

## BUSINESS INFORMATION

BUSINESS NAME	BUSINESS TELEPHONE (      )	FAX NUMBER (      )
BUSINESS ADDRESS	CITY	STATE      ZIP CODE
BUSINESS MAILING ADDRESS	CITY	STATE      ZIP CODE
DID YOU PURCHASE THIS BUSINESS WITHIN THE LAST YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIOR BUSINESS NAME	
PRIOR OWNER'S NAME	WAS PRIOR OWNER A FISH AND GAME LICENSE AGENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> CHECK HERE IF LICENSES WILL BE ISSUED FROM MORE THAN ONE LOCATION. ATTACH A LIST OF THE NAMES AND ADDRESSES OF ANY LOCATIONS OTHER THAN THE ONE LISTED ABOVE.	BUSINESS WEBSITE ADDRESS	
OPEN FOR BUSINESS (DAYS AND HOURS)	HOW LONG HAS THE BUSINESS BEEN AT THIS LOCATION YRS MOS	

## BANKING AND FINANCIAL INFORMATION

NAME OF BANK OR FINANCIAL INSTITUTION USED FOR YOUR BUSINESS		ACCOUNT NUMBER		
STREET ADDRESS		CITY	STATE	ZIP CODE
<b>All applicants must submit a financial statement unless applying for a COD Account.</b> Attach a copy of your <u>most recent</u> accountant's report or financial statement made to your bank. If you do not have an accountant's report or financial statement please complete the enclosed "License Agent Financial Statement" form.				
NAME OF YOUR ACCOUNTANT		TELEPHONE NUMBER (      )	FAX NUMBER (      )	
STREET ADDRESS		CITY	STATE	ZIP CODE

## OWNERSHIP INFORMATION

TYPE OF BUSINESS ORGANIZATION (Check one)

☐ SOLE PROPRIETORSHIP    
 ☐ PARTNERSHIP    
 ☐ LLC    
 OTHER \_\_\_\_\_

☐ CORPORATION, WHICH WAS INCORPORATED ON (Provide copy of articles of incorporation)    
 DATE: \_\_\_\_\_    
 STATE: \_\_\_\_\_

Complete the ownership information below. If the business is a partnership, list all partners. If the business is a corporation, show the names, titles, and e-mail addresses of the principal officers. Use a separate sheet of paper if needed.

NAME	HOME TELEPHONE (     )	E-MAIL ADDRESS		
HOME ADDRESS		CITY	STATE	ZIP CODE

  

NAME	HOME TELEPHONE (     )	E-MAIL ADDRESS		
HOME ADDRESS		CITY	STATE	ZIP CODE

**CORPORATE OFFICERS**

PRESIDENT	TELEPHONE NUMBER (     )	E-MAIL ADDRESS
VICE PRESIDENT	TELEPHONE NUMBER (     )	E-MAIL ADDRESS
SECRETARY	TELEPHONE NUMBER (     )	E-MAIL ADDRESS
TREASURER	TELEPHONE NUMBER (     )	E-MAIL ADDRESS

LICENSE AGENT AUTHORIZATION, AGREEMENT AND CERTIFICATION

**AUTHORIZATION:** The undersigned hereby authorize any bank or financial institution, any firm with which the undersigned have done business, or any credit agency, to divulge to the California Department of Fish and Game, hereafter called the Department, any information concerning the financial condition and payment policies of the undersigned, or any other information which the Department deems necessary in order to affect a settlement of any outstanding account the undersigned may have for Department licenses, tags, or other entitlements. This authorization shall become effective on the date of this application and shall remain in effect for as long as the undersigned have an outstanding account for Department licenses.

**AGREEMENT:** The undersigned agrees that the Department shall have absolute discretion to deny appointment as a License Agent, or if the License Agent Agreement is granted, to cancel the License Agent Agreement at any time. If the License Agent Agreement is granted, it is agreed that:

- 1. The License Agent may not assign or transfer any interest in this agreement;
- 2. All terms and conditions of this agreement shall be binding;
- 3. The License Agent shall indemnify and hold harmless the State of California, the Fish and Game Commission and the Department, their members, officers, agents and employees from and against any and all claims, suits, liabilities, costs, damages and expenses, including reasonable attorney fees, arising out of or in connection with all acts and transactions under this agreement or under any License Agent Agreement granted herein;
- 4. The License Agent will issue all licenses and account for and remit all licenses and license fees in accordance with the California Fish and Game Code, the Regulations of the Fish and Game Commission and the rules of the Department;
- 5. The License Agent will notify the Department immediately 30 days prior to any change of ownership or business data provided in this agreement.

**CERTIFICATION:** The undersigned hereby certify under penalty of perjury that the information provided on this application and all attachments thereto is true, complete and correct to the best of their knowledge and belief.

A. IF SOLE PROPRIETORSHIP, COMPLETE INFORMATION BELOW: *(Signature must be witnessed and witness' address shown)*

NAME OF OWNER		SIGNATURE OF OWNER X		DATE
SOCIAL SECURITY NUMBER	OWNER'S DATE OF BIRTH	DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE
NAME OF SPOUSE		SIGNATURE OF SPOUSE X		DATE
SOCIAL SECURITY NUMBER	SPOUSE'S DATE OF BIRTH	SPOUSE'S DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE
NAME OF WITNESS		WITNESS' SIGNATURE X		DATE
WITNESS' ADDRESS		CITY	STATE	ZIP CODE

B. IF PARTNERSHIP OR LLC, COMPLETE INFORMATION BELOW:

FIRM NAME		TAX ID NUMBER		
NAME <i>(Individually and as a Co-partner)</i>		SIGNATURE OF OWNER X		DATE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE
NAME <i>(Individually and as a Co-partner)</i>		SIGNATURE OF OWNER X		DATE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE
NAME <i>(Individually and as a Co-partner)</i>		SIGNATURE OF OWNER X		DATE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE

C. IF CORPORATION, COMPLETE INFORMATION BELOW: *(Must be active - In good standing)*

FIRM NAME		CORPORATE TAX ID NUMBER		
PRESIDENT'S NAME		PRESIDENT'S SIGNATURE X		DATE
SECRETARY'S NAME		SECRETARY'S SIGNATURE X		DATE

(Affix corporate seal here)  
IF SEAL UNAVAILABLE ATTACH  
ARTICLES OF INCORPORATION TO  
APPLICATION